

**MAIN OFFICE:**

IDLEWOOD ELECTRIC SUPPLY, INC.  
 114 SKOKIE VALLEY ROAD  
 HIGHLAND PARK, IL 60035  
 PHONE (847) 831-3600  
 FAX (847) 831-3980  
 EMAIL: [vaida@idlewoodelectric.com](mailto:vaida@idlewoodelectric.com)

**BRANCHES:**

\* 317 W. Northwest Hwy.  
 Barrington, IL 60010  
  
 \* 5010 W. Irving Park Rd.  
 Chicago, IL 60641

**APPLICATION FOR CREDIT****BUSINESS INFORMATION**

COMPANY NAME: \_\_\_\_\_

**REGISTERED COMPANY ADDRESS**

STREET: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR ☐ LLC ☐ OTHER \_\_\_\_\_

MONTH/YEAR BUSINESS STARTED: \_\_\_\_\_ FEIN: \_\_\_\_\_ - \_\_\_\_\_

NAME(S) & TITLE(S) OF OWNER(S)/OFFICER(S) \_\_\_\_\_

AMOUNT OF CREDIT REQUESTED: \_\_\_\_\_ HOW DID YOU HEAR ABOUT US?: \_\_\_\_\_

SHOULD WE CHARGE TAX? {YES/NO} \_\_\_\_\_ IF NO, COMPLETE REVERSE SIDE.

NAME & TITLE OF PERSON APPLYING FOR CREDIT: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CREDIT REFERENCES**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDR: \_\_\_\_\_ ADDR: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDR: \_\_\_\_\_ ADDR: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ FAX: \_\_\_\_\_

**AGREEMENT**

By signing this application for credit:

1) You agree to pay finance charges of 1.5% per month to Idlewood Electric Supply Inc. (hereinafter Idlewood) for any unpaid sums of money you owe or your company owes to Idlewood for more than 60 days from invoice date, and all reasonable attorney's fees incurred by Idlewood in its attempt to collect any unpaid sums of money you owe or your company owes to Idlewood.

2) You authorize Idlewood to e-mail or fax invoices, statements, and correspondence, to you or to your company.

**SIGNATURES**

SIGNATURE OF OWNER/OFFICER/PARTNER \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME & TITLE OF PERSON SIGNING \_\_\_\_\_

## NON-TAXABLE ENTITIES COMPLETE SECTION I, II OR III

### SECTION I: FOR STATE OF ILLINOIS CERTIFICATE HOLDER

INCLUDE A COPY OF YOUR STATE OF ILLINOIS CERTIFICATE OF RESALE  
**AND**

COMPLETE THE CERTIFICATE BELOW:

THE UNDERSIGNED HEREBY CERTIFIES THAT ALL TANGIBLE PERSONAL PROPERTY HEREAFTER PURCHASED BY HIM/HER IS FOR PURPOSES OF RESALE, AND ASSUMES LIABILITY FOR PAYMENT OF RETAILERS' OCCUPATION TAX, SERVICE OCCUPATION TAX, OR USE TAX, WITH RESPECT TO RECEIPTS FROM THE RESALE OF THIS PROPERTY TO USERS OR CONSUMERS. THE PRODUCT BEING PURCHASED FOR RESALE IS ELECTRICAL MATERIALS AND/OR ELECTRICAL FIXTURES.

THIS CERTIFICATE SHALL BE CONSIDERED A PART OF EACH ORDER WHICH WE SHALL GIVE, UNLESS SUCH ORDER OTHERWISE SPECIFIES.

PURCHASER'S NAME \_\_\_\_\_

PURCHASER'S ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

CERTIFICATE OF REGISTRATION NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SIGNATURE OF PURCHASER \_\_\_\_\_

PRINTED NAME OF PURCHASER \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

### SECTION II: FOR GOVERNMENT BODY OR NON-PROFIT ORGANIZATION

INCLUDE A COPY OF YOUR ILLINOIS DEPARTMENT OF REVENUE TAX EXEMPTION LETTER.

### SECTION III: FOR MACHINERY AND EQUIPMENT CERTIFICATE HOLDER

INCLUDE A COPY OF YOUR ST-587 MACHINERY AND EQUIPMENT EXEMPTION CERTIFICATE.

YOU MAY EMAIL APPLICATION TO:

[vaida@idlewoodelectric.com](mailto:vaida@idlewoodelectric.com)

OR YOU MAY FAX APPLICATION TO:

Fax # (847) 831-3980

**BUT ALSO MAIL  
THE ORIGINAL APPLICATION TO:**

DAVID WUERTH, CREDIT MANAGER  
IDLEWOOD ELECTRIC SUPPLY INC.  
114 SKOKIE VALLEY ROAD  
HIGHLAND PARK, IL 60035